MULTIPLE DEPENDENT CLAIM SERIAL NO. FILING DATE FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) APPLICANT(S) **CLAIMS** AFTER **AFTER AS FILED** AFTER **AFTER AS FILED** 1" AMENDMENT 2 MAMENDMENT I"AMENDMENT 2 MAMENDMENT IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. TOTAL IND. TOTAL IND. TOTAL DEP TOTAL DEP. TOTAL TOTAL CLAIMS CLAIMS U.S. DEPARTMENT of COMMERCE

PTO - 1360 (REV. 11/04)